

Salary Supplement Request

Request for pay of police salary supplement is hereby made. I have examined the attached reporting form, find it complete, and correct to the best of my knowledge.

Request for payment is made with the understanding that payments disbursed by the State of Tennessee are subject to the deduction of applicable taxes by the local unit of government before disbursement to eligible full-time police officers.

The undersigned further certifies that all personnel receiving the salary pay supplement are full time certified law enforcement officers as defined in Tennessee code Annotated Title 38 Chapter 8, and that their primary duties and responsibilities during calendar year 2015 were to detect and prevent crime.

Total salary supplement requested: No. Of Officers _____ \$ _____
(\$600.00 x number of officers)

Signature _____
City or County Chief Administrative Official
(Sheriff/Police Chief – **(DO NOT SIGN)**)

Please print or type name of above official

Title _____

Date _____

Official Mailing Address:

.....
FOR P.O.S.T. USE ONLY

of Officers _____

Date of Payment _____

Amount Paid _____

Warrant No. _____